

C-1P-1646

CERTIFICATE OF MAILING

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PATENT & TRADEMARK

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print Type) Wilhelm Palmen Jr. Signature *W. Palmen* Date 06-14-2001

Combined
Transmittal and Fee Calculation Sheet

☐ Small Entity ☒ Large Entity

Application Number	09/816,737
Confirmation Number	6527
Filing Date	March 23, 2001
First Named Inventor	Bhatnagar
Examiner	Unassigned
Group Art	1646
Attorney Docket No.	06510223CON2

ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total					\$ -
<input type="checkbox"/> 37 CFR §	Independent					\$ -
<input type="checkbox"/> Pages	Multiple					
	Total Extra Claim Fees					\$ -

☐ Extension of time from _____ to _____

RECEIVED

Fee

☐ Response to File Missing Parts (with copy of formalities letter)

JUN 21 2001

☐ Filing Fee

☐ Executed Declaration

Pages _____

☐ Other _____

TECH CENTER 1-800-230-0000

Fee

Surcharge Fee

Fee

Fee

Fee

Fee

Subtotal \$ -

☒ Information Disclosure Statement

☒ PTO Form 1449

Pages 2

☒ 0 Copies of Cited References

☐ Other _____

Fee

Subtotal \$0.00

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

☐ Paper Copy of Sequence Listing

Pages _____

☐ Diskette in computer-readable format

☐ Other _____

Fee



RECEIVED

JUN 21 2001

<input type="checkbox"/> Terminal Disclaimer		Fee	
Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee
Subtotal			\$ -
<input type="checkbox"/> Issue Fee PTO 85B		Fee	
<input type="checkbox"/> Advance copies		Fee	
<input type="checkbox"/> Submission of Formal Drawings Transmittal with	_____ sheets enclosed		
Subtotal			\$ -
<input type="checkbox"/> Other Enclosures and/or Fees	_____	Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard			
TOTAL FEES			\$ -
The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore.			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	KATHLEEN S. HALL	Registration No.	44,143
Signature	<i>Kathleen S. Hall</i>	Date	06-14-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial	650-833-7773	Facsimile	650-327-3231

Application No. 09/816,737Attorney Docket No. 06510223CON2

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